



Working for a tobacco-free Scotland

ASH Scotland response to Scottish Intercollegiate Guidelines Network (SIGN) open consultation on draft updates to the BTS/SIGN British guideline on the management of asthma

August 2010

ASH Scotland welcomes the opportunity to respond to SIGN's consultation on draft updates to the BTS/SIGN British guideline on the management of asthma. ASH Scotland is an independent Scottish charity working in partnership to protect people from the harm caused by tobacco. ASH Scotland works towards a tobacco-free Scotland through our campaigning work; designing and delivering training; co-ordinating tobacco control alliances involving health professionals, local and national government representatives, campaigners and researchers; providing a free expert information service on tobacco and smoking used by both the general public and professionals; and working in areas of inequality and with youth groups.

Exposure to tobacco smoke can have a detrimental effect in worsening symptoms of asthma, being associated with decreased control, increased mortality and attacks and exacerbations.¹ There is also evidence that smoking may be a risk candidate in the onset of asthma.^{2,3} Household smoking increases the risk of asthma incidence among school-age children by around 50%⁴ and is estimated to cause an excess 22,600 new cases of wheeze and asthma in UK children every year.⁵ To improve control and quality-of-life for those affected by asthma and to reduce the burden of asthma upon the health service, ASH Scotland believes it is important that health professionals are aware of the role smoking plays as a trigger and a potential cause of asthma, and are adequately equipped to provide interventions. In this context ASH Scotland welcomes the draft updates, with the following comments:

Section 2.6 Monitoring asthma (update)

- *2.6.4 Monitoring Children in Primary Care.* The inclusion of tobacco smoke exposure to the factors that are monitored and recorded during clinical review is welcome.

Section 4 Pharmacological management (update)

- *4.2.4 Smoking.* The guidance on this section relating to the increased dosage of corticosteroids for smokers is, to ASH Scotland's knowledge, still current and correct.

Section 7.10 Asthma in adolescents (update)

- *7.10.2 Non-pharmacological management.* The draft guidance identifies exposure to environmental tobacco smoke as a factor which should be considered for effective management of asthma. ASH Scotland welcomes the inclusion of the accompanying recommendation (Adults with asthma should avoid exposure to ETS), but would like to draw the guideline development group's attention to the importance of active smoking in adolescents (and also among other groups).

An in-press update to the national Scottish guidance on smoking cessation⁶ (itself based upon recommendations given in recent NICE guidance on smoking cessation^{7,8,9}) emphasises the important role all health professionals who come into contact with smokers have in providing smoking cessation 'brief interventions' to refer smokers who are ready to quit on to NHS specialist smoking cessation services.

Smoking cessation results in improvements in several measures of lung function in individuals with asthma,^{10,11} and evidence demonstrates that smokers have the best chance of quitting successfully if they receive multi-session behavioural support with the offer of pharmacotherapy.¹² Because of this, ASH Scotland believes it is important that smokers who are prepared to quit are offered access to such services, particularly for key target or priority groups including socio-economically deprived individuals, young people, pregnant women, hospital patients, and those who have diseases that may be caused or exacerbated by smoking.

As 15% of 15 year-olds in Scotland smoke regularly,¹³ active smoking, as well as passive, is a source of exposure to tobacco smoke for Scottish adolescents. As the evidence is supportive of young people's referral to smoking cessation services,¹⁴ ASH Scotland would draw the guideline development group's attention to the importance of referral to specialist smoking cessation services for adolescent smokers who are affected by asthma (as should be the case with all young smokers motivated to quit) and suggest the group consider the merits of including a 'good practice' recommendation on referral to support (similar to the recommendation in section 7.3.1 for asthma in pregnancy - *Advise women who smoke about the dangers for themselves and their babies and give appropriate support to stop smoking*).

Finally, although this may be beyond the scope of the current update to the guidance, the suggestion above regarding the importance of referral to evidence-based support for smokers who are motivated to quit applies to the general population in addition to adolescents and pregnant women. ASH Scotland acknowledges that while the benefits of smoking cessation to improved asthma management is inadequately studied in certain population subgroups, the evidence in the general population (in combination with the other health benefits of cessation¹⁵) is sufficient to warrant the widespread promotion of brief interventions in smoking cessation, following the recommendations set out in the 2010 guide.

For more information around the recommendations or evidence contained in the (currently in press) update to the *Smoking cessation guide for Scotland 2010*, please correspond with Rory Morrison, Policy & Research Officer at ASH Scotland (rory.morrison@ashscotland.org.uk).

¹ McLeish AC, Zvolensky MJ. Asthma and cigarette smoking: a review of the empirical literature. *J Asthma*. 2010 May;47(4):345-61.

² Ibid.

³ British Medical Association Board of Science. Breaking the cycle of children's exposure to tobacco smoke.[Online]. BMA. April 2007. Available from:

http://www.bma.org.uk/health_promotion_ethics/tobacco/breakingthecycle.jsp [Accessed 10 August 2010].

⁴ Royal College of Physicians. *Passive smoking and children*. A report by the Tobacco Advisory Group London:RCP, 2010.

⁵ Ibid.

⁶ NHS Health Scotland and ASH Scotland. *A guide to smoking cessation in Scotland 2010*. 2010. NHS Health Scotland.

⁷ NHS Health Scotland (2007). *Commentary on NICE Public Health Intervention Guidance no 1: Brief interventions and referral for smoking cessation in primary care and other settings*. NHS Health Scotland, Edinburgh.

⁸ National Institute for Health and Clinical Excellence (NICE) (2008). *Public Health Guidance 10: Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities*. NICE, London.

⁹ National Institute for Health and Clinical Excellence (NICE) (2010). *Public Health Guidance 26: How to stop smoking in pregnancy and following childbirth*. NICE, London.

¹⁰ Chaudhuri R, Livingston E, McMahon AD, Lafferty J, Fraser I, Spears M, McSharry CP, Thomson NC. Effects of smoking cessation on lung function and airway inflammation in smokers with asthma. *Am J Respir Crit Care Med*. 2006 Jul 15;174(2):127-33. Epub 2006 Apr 27.

¹¹ Tønnesen P, Pisinger C, Hvidberg S, Wennike P, Bremann L, Westin A, Thomsen C, Nilsson F. Effects of smoking cessation and reduction in asthmatics. *Nicotine Tob Res*. 2005 Feb;7(1):139-48.

¹² NHS Health Scotland and ASH Scotland. *A guide to smoking cessation in Scotland 2010*. 2010. NHS Health Scotland.

¹³ Scottish Schools Adolescent Lifestyle and Substance use Survey (SALSUS) National Report: Smoking, Drinking and Drug Use among 13 and 15 year olds in Scotland in 2008. [Online]. Edinburgh: Drug Misuse Information Scotland. Available from: www.drugmisuse.isdsotland.org/publications/abstracts/salsus.htm [Accessed 10 August 2010].

¹⁴ NHS Health Scotland and ASH Scotland. *A guide to smoking cessation in Scotland 2010*. 2010. NHS Health Scotland.

¹⁵ US Department of Health and Human Services (1990). *The Health Benefits of Smoking Cessation: A Report of the Surgeon General*. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Atlanta, GA, US.